



No fee is charged when submitting this amended application form. Please be sure to:

- Complete information on both sides of this form. Sign (not initial) and date form.
- Have the supervising physician sign (not initial) and date this form if adding or amending his/her information.
- Include photocopies of your current supervising physician(s)' Massachusetts Controlled Substances Registration and federal DEA Controlled Substance Registration Certificate if adding or amending that information. Where photocopied licenses and registrations are to be submitted, do not send originals. They will not be returned.

Please fill out this form in its entirety. Place a check in the box to the left column to indicate information that is being amended.

APN PA Amended MCSR New Rev. 20170119

* If you answered "Yes" to Question No. 11) or No. 12), a letter must be attached setting forth circumstances of such action(s).

Applicant name: _____

- ☐ Check here if adding a new supervising physician.
- ☐ Check here if amending any of the current supervising physician's information.

If **not** adding or amending Supervising Physician's Information, **do not** enter information in question 13)

Do not forget to sign and date the application at the bottom of this page.

Added or Amended Supervising Physician's Information

13) The following Supervising Physician's Information must be completed by each physician who supervises your prescriptive practice. The supervising physician is the individual with whom you, the applicant, have developed and signed mutually agreed upon prescriptive guidelines. you must complete this section for each physician that you have signed mutually agreed upon prescriptive guidelines in each setting. You may make photocopies of this page as necessary.

Name of Supervising Physician:	Telephone No. () (area code)
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Business Address:

Board of Medicine License No.: _____ Massachusetts Controlled Substances Registration No.: _____

DEA Controlled Substance Registration No.:	Medical Specialty:
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Are there written prescriptive guidelines in place? ☐ Yes ☐ No ☐ N/A (Certified Nurse Midwives only)

Written prescriptive guidelines are required for Advanced Practice Nurses and Physician Assistants (Certified Nurse Midwives are not required to have prescriptive guidelines.) Applications checked 'No' will be returned.

Signature of Supervising Physician (no initials):

x _____ **Date** **x** _____

- ☐ Check here if deleting a supervising physician by whom you are no longer supervised.

Deleted Supervising Physician

14) Name of supervising physician to delete:

Applicant please sign and date below

I hereby certify that (1) the information on this application is true to the best of my knowledge; (2) I possess written prescriptive guidelines that were mutually developed, agreed upon, and signed by my supervising physician and me; and (3) I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and either the Board of Registration in Nursing or the Board of Registration of Physician Assistants, whichever is applicable. I also certify, pursuant to MGL. c.62C s.49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required by law. Signed under the pains and penalties of perjury.

[Required] Signature, not initials, of applicant _____ Date _____

Print your e-mail address if available _____

If you have questions, you may call the Drug Control Program at 617-973-0949 or visit us at <http://www.mass.gov/dph/dcp>.

For Office Use Only

Comments:	Verified supervising physician's current MCSR:
	Application approved by:
	Date: